K100927 1/3

510(K) SUMMARY

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA and 21 CFR §807.92

1. Submitter's Name:

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Contact:

Cinn-Jenn Wei/ President

2. Device Name:

Trade Name:

SurgiAid Collagen Wound Dressing

Common Name:

Wound Dressing

Classification name

Collagen Wound Dressing

3. DEVICE CLASS

SurgiAid Collagen Wound Dressing has been classified as

Regulatory Class: Unclassified

Product Code: KGN

Panel: General & Plastic Surgery

4. Predicate Device:

The predicate device is the

• SkinTemp (K925545) marketed by BIOCORE.

5. Device Description:

SugiAid Collagen Wound Dressing is white, porous, pliable and absorbable collagen wound dressings. It is fabricated by fibrous collagen matrix which is purified from bovine Achilles tendon. SugiAid is pliable and can be applied easily

to clean wounds. The product is supplied in sterile, nonpyrogenic package, and is indicated for single use only.

6. Intended Use:

SurgiAid Collagen Wound Dressing is intended for use in patients who have surgical wounds, donor sites/grafts podiatric wounds, wound dehiscence, traumatic wounds, abrasions, lacerations, partial thickness burns or skin tears. SurgiAid Collagen Wound Dressing can be applied to wounds

with depth less than 0.3 cm."

Product: SurgiAid Collagen Wound Dressing

Page 1 of 3

Section 4 - 510(k) Summary

REV. [C]

K100927

7. Performance Summary:

The **SurgiAid Wound Dressing** has been subjected to extensive Non-clinical testing to assess the biocompatibility and the performance of the device.

The Biocompatibility Evaluations include: cytotoxicity, hemolysis, sensitization, intracutaneous reactivity, acute systemic toxicity, genotoxicity, implantation and pyrogenicity. That is, the **SurgiAid Wound Dressing** conforms to the requirements specified in ISO 10993-1:2009 series.

The Pre-clinical Benchtop Type Evaluations performed contain: Physical tests, Chemical tests, and Substantial Equivalent Comparisons, in order to demonstrate the substantial equivalence between the **SurgiAid Collagen Wound Dressing** and predicate device, including Purity (Collagen content), Endotoxin level (Pyrogen test), Pepsin resistance, Collagenase resistance & Rehydration Test etc.

8. Substantial Equivalence Discussion

SugiAid Collagen Wound Dressing has the same general design with the predicate devices

Since the Applicant has selected Legally Marketed Devices

• **SkinTemp** (K925545) marketed by **BIOCORE**.

The has the following similarities to the predicate device in:

- having the same intended use.
- using similar operating principle,.
- using similar technological characteristics

In summary, the **SugiAid Collagen Wound Dressing** described in this submission is, in our opinion, substantially equivalent to the predicate device.

Product: SurgiAid Collagen Wound Dressing

Page 2 of 3

Section 4 - 510(k) Summary

REV. [C]

K100937 3/3

9. Conclusions:

The **SurgiAid Collagen Wound Dressing** has the same intended use and technological characteristics as the **SkinTemp** (K925545) marketed by **BIOCORE**. Moreover, bench testing contained in this submission demonstrates that any differences in their technological characteristics do not raise any new questions of safety or effectiveness. Thus, the **SurgiAid Collagen Wound Dressing** is substantially equivalent to the predicate device.

Product: SurgiAid Collagen Wound Dressing

Page 3 of 3 Section 4 - 510(k) Summary

REV. [C]





Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

Maxigen Biotech, Inc. % Harvest Consulting Group Ms. Jennifer Reich 2904 N. Boldt Avenue Flagstaff, Arizona 86001

MAR 1 6 2011

Re: K100927

Trade/Device Name: SurgiAid Collagen Wound Dressing

Regulatory Class: Unclassified

Product Code: KGN Dated: January 28, 2011 Received: January 31, 2011

Dear Ms. Reich:

This letter corrects our substantially equivalent letter of February 2, 2011.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

Page 2 - Ms. Jennifer Reich

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices

As 13. Rh

Office of Device Evaluation
Center for Devices and

Radiological Health .

Indications for Use

510(K) Number (it known):_	K100927	
Device Name: SurgiAid Col Maxigen Biot	_	Pressing
Indications for Use:		
surgical wounds, donor sites wounds, abrasions, laceratio	grafts podiatric ns, partial thickr	ended for use in patients who have wounds, wound dehiscence, traumatic ness burns or skin tears. SurgiAid wounds with depth less than 0.3 cm."
Prescription Use V (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use(21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELC	OW THIS LINE-CO	NTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of C	DRH, Office of Dev	vice Evaluation (ODE)
Di	ivision Sign-Off) vision of Surgical, Cond Restorative Device	•